

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13487</u>	2 Fiscal Year Covered From <u>1</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Randy</u> <u>L</u> <u>Thomason</u> P.O. Box Bldg Room No. if any _____ Street <u>1405 Speaks Rd</u> City <u>Terry</u> State <u>MS</u> ZIP Code + 4 <u>39170</u>	4 Name, file number, and address of labor organization Name <u>Sheet Metal Workers Local # 406</u> Labor Organization File Number <u>019-696</u> P.O. Box Building and Room Number if any <u>P O Box 8851</u> Street <u>510 Guidici St</u> City <u>Jackson</u> State <u>MS</u> ZIP Code + 4 <u>39204</u>
5 Position in labor organization <u>Bus Mgr F.S./T</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)	
Signed <u>Randy L Thomason</u>	On <u>8/05/2005</u> <u>(601) 352-4182</u> Date Telephone Number

Name of Person Filing Randy L Thomason	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MS SMW Health & Welfare Fund Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 10054 I-10 Service Rd., E Building #1 City New Orleans State LA ZIP Code + 4 70127-1888	14 a Nature of payment Paid for dinner at bi-annual Trustee meeting <table><tr><td>4/08/04</td><td>\$51 31</td></tr><tr><td>7/29/04</td><td>\$55 53</td></tr></table> 14 b Amount of payment 106 84	4/08/04	\$51 31	7/29/04	\$55 53
4/08/04	\$51 31				
7/29/04	\$55 53				
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?					